



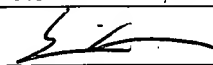
PTO/SB/21 (08-00)

| | | |
|--|------------------------|--------------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 09/805,766 |
| | Filing Date | March 16, 2001 |
| | First Named Inventor | Kenichi SHIRAISHI et al. |
| | Group Art Unit | 2611 |
| | Examiner Name | Kevin M. Burd |
| Total Number of Pages in This Submission | Attorney Docket Number | 0670-0257 |

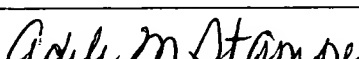
ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group. (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. Request for Continued Examination 2. |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number. |

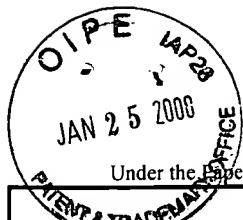
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165 |
| Signature |  |
| Date | January 22, 2008 |

CERTIFICATE OF MAILING

| | | | |
|---|---|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. | | | |
| Type or printed name | Adele M. Stamper | | |
| Signature |  | Date | January 22, 2008 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
FOR FY 2007**

Effective 09/30/2007. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 930.00**Complete if Known**

| | |
|----------------------|---------------------------|
| Application Number | 09/805,766 |
| Filing Date | March 16, 2001 |
| First Named Inventor | Kenichi SHIRAIISHI et al. |
| Examiner Name | Kevin M. Burd |
| Group Art Unit | 2611 |
| Attorney Docket No. | 0670-0257 |

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-2280

Deposit
Account
NameRobinson Intellectual Property
Law Office

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17 and
-
- credit overpayments

☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit Card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity Fee Code | Small Entity Fee Code | Fee Description | Fee Paid |
|-----------------------------|-----------------------------|--------------------|----------|
| 1001 310 | 2001 155 | Utility filing fee | |
| 1111 510 | 2111 255 | Search fee | |
| 1311 210 | 2311 105 | Examination fee | |

Over 100 Sheets/260 for each additional 50

SUBTOTAL (1)**2. EXTRA CLAIM FEES**

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| | -20** = | \$50 | |
| Independent Claims | -3** = | \$210 | |
| Multiple Dependent | | | |

| Large Entity Fee Code | Small Entity Fee Code | Fee Description | Fee Paid |
|-----------------------------|-----------------------------|--|----------|
| 1202 50 | 2202 25 | Claims in excess of 20 | |
| 1201 210 | 2201 105 | Independent claims in excess of 3 | |
| 1203 370 | 2203 185 | Multiple dependent claim, if not paid | |
| 1204 210 | 2204 105 | ** Reissue independent claims over original patent | |
| 1205 50 | 2205 25 | ** Reissue claims in excess of 20 and over original patent | |

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-------------|-----------------------|-----------------------|-----------------------|--|----------|
| 1051 130 | 2051 65 | | | Surcharge - late filing fee or oath | |
| 1052 50 | 2052 25 | | | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | 1053 130 | | | Non-English specification | |
| 1812 2,520 | 1812 2,520 | | | For filing a request for <i>ex parte</i> reexamination | |
| 1804 920* | 1804 920* | | | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | 1805 1,840* | | | Requesting publication of SIR after Examiner action | |
| 1251 120 | 2251 60 | | | Extension for reply within first month | \$120.00 |
| 1252 460 | 2252 230 | | | Extension for reply within second month | |
| 1253 1,050 | 2253 525 | | | Extension for reply within third month | |
| 1254 1,640 | 2254 820 | | | Extension for reply within fourth month | |
| 1255 2,230 | 2255 1,115 | | | Extension for reply within fifth month | |
| 1401 510 | 2401 255 | | | Notice of Appeal | |
| 1402 510 | 2402 255 | | | Filing a brief in support of an appeal | |
| 1403 1,030 | 2403 515 | | | Request for oral hearing | |
| 1451 1,510 | 1451 1,510 | | | Petition to institute a public use proceeding | |
| 1452 510 | 2452 255 | | | Petition to revive - unavoidable | |
| 1453 1,540 | 2453 770 | | | Petition to revive - unintentional | |
| 1501 1,440 | 2501 720 | | | Utility issue fee (or reissue) | |
| 1502 820 | 2502 410 | | | Design issue fee | |
| 1503 1,130 | 2503 565 | | | Plant issue fee | |
| 1462 400 | 1462 400 | | | Petitions, Group I | |
| 1463 200 | 1463 200 | | | Petitions, Group II | |
| 1464 130 | 1464 130 | | | Petitions, Group III | |
| 1807 50 | 1807 50 | | | Processing fee under 37 CR 1.17(q) | |
| 1806 180 | 1806 180 | | | Submission of Information Disclosure Stmt | |
| 8021 40 | 8021 40 | | | Recording each patent assignment per property (times number of properties) | |
| 1809 810 | 2809 405 | | | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 810 | 2810 405 | | | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1801 810 | 2801 405 | | | Request for Continued Examination (RCE) | \$810.00 |
| 1802 900 | 1802 900 | | | Request for expedited examination of a design application | |

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$930.00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 22, 2008.

*Adrian M. Stanger***SUBMITTED BY**

Name (Print/Type)

Eric J. Robinson

Signature

Registration No.
(Attorney/Agent)

38,285

Complete (if applicable)

Telephone

(571) 434-6789

Date

January 22, 2008